

THE KIDS' COMMUNICATION CENTER, LLC

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Washington DC 20016
202-237-7079
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CREDIT CARD FORM

I, _____, acknowledge and accept full and complete responsibility for prompt payment of all services rendered to my son/daughter, _____, by The Kids' Communication Center, Inc.

I understand that I will receive an invoice via e-mail from "The Kids' Communication Center, Inc." following my child's services and that my credit card will be charged in full for the services. If the credit card is declined, I agree to pay a 5% processing fee and understand that my child's services will be suspended until the payment is received.

I understand that health insurance policies and reimbursement are between myself and the health insurance company and that The Kids' Communication Center does not accept third party payments from insurance companies. Any payments received by the third party will be immediately returned to the insurance company.

I understand that cancellations must be made 24 hours in advance or I will be billed at the full rate. It is important for The Kids' Communication Center to have sufficient notice in order to schedule make-up sessions with other clients.

I understand that The Kids' Communication Center does not close for holidays or inclement weather unless contacted by my child's therapist. If I need to cancel in these situations, I understand that I must contact my child's therapist by 7 a.m. that day or I will be billed at the full rate.

e-mail _____

Name on credit card _____

Credit Card number _____

Credit Card type Visa Mastercard
(WE CAN'T ACCEPT AMEX)

Address _____

Expiration Date _____

Three digit code on back of card _____

By signing this form, I am stating that I received a written explanation of the fee schedule and I agree to all terms of the policy.

Signature of guardian

Date